|  | PAIENI   | Effect                                    |                 | 10712324                         |              |                  |             |   |                        |           |   |                        |  |  |  |  |  |  |  |  |  |  |
|--|--|---|-----------------|----------------------------------|--------------|------------------|-------------|---|------------------------|-----------|---|------------------------|--|--|--|--|--|--|--|--|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |                                  |              |                  |             | SMALL<br>TYPE                           | ENTITY                 | OR        | OTHER<br>SMALL  |                        |  |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS   |  |   | 20              |                                  |              |                  | -           | RATE                                    | FEE                    | ]         | RATE  | FEE '                  |  |  |  |  |  |  |  |  |  |  |
| FOR .  |  |   | NUMBER FILED    |                                  | NUMBER EXTRA |                  |             | BASIC F                                 | EE 385.00              | OR        | BASIC FEE   | 770.00                 |  |  |  |  |  |  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 minus 20=    |                                  | • Ø          |                  |             | X\$ 9=                                  |                        | OR        | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 =     |                                  | 0            |                  |             | X43=                                    |                        | OR        | X86=  |                        |  |  |  |  |  |  |  |  |  |  |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM P                             | RESENT          |                                  |              |                  |             | +145=                                   |                        | OR        | +290=   |                        |  |  |  |  |  |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                           |  |   |                 |                                  |              |                  |             | TOTAL                                   | -                      | OR        | TOTAL   | 770                    |  |  |  |  |  |  |  |  |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                                  |              |                  |             | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |           |   |                        |  |  |  |  |  |  |  |  |  |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                 |                                  |              |                  | 1           | JINAL                                   |                        | 7         |   | ADDI-                  |  |  |  |  |  |  |  |  |  |  |
| <b>AMENDMENT A</b>   | 10/24/05                                       | REMAINING<br>AFTER<br>AMENDMENT           | ,               | PREVIO<br>PAID I                 | BER          | PRESENT<br>EXTRA | $\ \cdot\ $ | RATE                                    | ADDI-<br>TIONAL<br>FEE |           | RATE  | TIONAL                 |  |  |  |  |  |  |  |  |  |  |
|  | Total  | -20                                       | Minus .         | -2                               | <i>O</i>     | • /              |             | X\$ 9=                                  |                        | OR        | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |
|  | Independent                                    | · 2                                       | Minus           | 3                                | )<br>        | -                |             | X43=                                    |                        | OR        | X86*  | ·                      |  |  |  |  |  |  |  |  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CL  |  |   |                 |                                  |              |                  | ' [         | +145=                                   |                        | OR        | +290=   |                        |  |  |  |  |  |  |  |  |  |  |
|  | Jula   | ,   |                 |                                  |              |                  |             | TÓT/                                    |                        | OR        | TOTAL<br>ADDIT, FEE   |                        |  |  |  |  |  |  |  |  |  |  |
| 4 (Column 1) (Column 2) (Column 3)   |  |   |                 |                                  |              |                  |             |   |                        |           |   |                        |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENOMENT          |                 | HIGH<br>NUMI<br>PREVIO<br>PAID   | BER          | PRESENT<br>EXTRA |             | RATE                                    | ADDI-<br>TIONAL<br>FEE |           | RATE  | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |
|  | Total  | . 19                                      | Minus           | -2                               | 0            | P                |             | X\$ 9=                                  | 77                     | OR        | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |
|  | Independent                                    | ・シ  | Minus           | ***                              | う<br>る。***   | 1-9              |             | X43≠                                    |                        | OR        | X86≖  |                        |  |  |  |  |  |  |  |  |  |  |
|  | FIRST PHESE                                    | NTATION OF ML                             | LIPLE DEF       | ENVENT                           | CEAGM        | · -              | ' [         | +145=                                   |                        | OR        | +290=   |                        |  |  |  |  |  |  |  |  |  |  |
|  |  |   | •               |                                  |              |                  |             | TOTA                                    |                        | <b>OR</b> | YOTAL<br>ADDIT, FEE   |                        |  |  |  |  |  |  |  |  |  |  |
|  |  | (Column 1)                                |                 | (Colum                           |              | (Column 3)       |             |   |                        |           |   |                        |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·               | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA |             | RATE                                    | ADDI-<br>TIONAL<br>FEE |           | RATE  | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |
|  | Total  | •   | Minus           | grit                             |              | . ,              |             | X\$ 9=                                  |                        | OR        | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |
|  | Independent                                    | •   | Minus           | (4074)                           |              | =                |             | X43=                                    |                        | OR        | X86=  |                        |  |  |  |  |  |  |  |  |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                  |              |                  |             | +145=                                   | 1                      | 1         | 1200-   |                        |  |  |  |  |  |  |  |  |  |  |
| · • •  |  |   |                 |                                  |              |                  |             |   | <u> </u>               | OR.       | +290=<br>TOTAL  |                        |  |  |  |  |  |  |  |  |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE |  |   |                 |                                  |              |                  |             |   |                        |           |   |                        |  |  |  |  |  |  |  |  |  |  |
| •  | The Highest Nun                                | iber Previously Pai                       | d For (Total or | Independe                        | ent) is the  | highest number   | er fou      | nd in the i                             | appropriate b          | 7X ED 000 | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                        |  |  |  |  |  |  |  |  |  |  |

Application or Docket Number